

**LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
LIQUEFIED PETROLEUM GAS COMMISSION**

FIRE REPORT

DATE OF FIRE		TIME OF FIRE		DATE DEALER NOTIFIED OF FIRE	
CUSTOMER					
ADDRESS		Street/P.O. Box/Rural Rte.		City/State	ZIP
NAME OF DEALER					DEALER NO.
ADDRESS					
NAME & TITLE OF PERSON MAKING REPORT				OFFICE PHONE NO.	
MANUFACTURER OF TANK		SERIAL NO.		SIZE	
YEAR MANUFACTURED		GALLONS OF GAS PRESENTLY IN TANK		Aboveground Tank <input type="checkbox"/>	Underground Tank <input type="checkbox"/>
TANK EXPOSED TO FIRE Yes <input type="checkbox"/> No <input type="checkbox"/>		REGULATOR MANUFACTURER			MODEL #
SYSTEM HAS BEEN IN USE BY THIS CUSTOMER (WK, MTH, YRS)		REGULATOR WAS: COVERED UNDER DOME <input type="checkbox"/> EXPOSED <input type="checkbox"/>			
TYPE OF STRUCTURE:		APPROX. AGE OF STRUCTURE 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 15-20 <input type="checkbox"/> OVER 20 <input type="checkbox"/>			
CENTRAL HEAT <input type="checkbox"/> SPACE HEATER <input type="checkbox"/>		RESIDENCE <input type="checkbox"/> PLACE OF PUBLIC ASSEMBLY <input type="checkbox"/>		URBAN <input type="checkbox"/> RURAL <input type="checkbox"/>	
LIST BELOW PERSONS INJURED AND EXTENT OF INJURIES:				MARK ONLY IF NO INJURIES INVOLVED <input type="checkbox"/>	
1. —					
2. —					
3. —					
EXTENT OF PROPERTY DAMAGE:					
SHUT-OFF VALVES LOCATED AT THE OUTSIDE OF BUILDING AND AT EACH APPLIANCE: Yes <input type="checkbox"/> No <input type="checkbox"/>				WEATHER CONDITION:	
DATE TANK LAST SERVICED WITH GAS:		NUMBER OF GALLONS DELIVERED:			
DISTANCE OF TANK FROM BUILDING:					
PIPING: TYPE OF MATERIAL		SIZE			
NO. OF OUTLETS IN USE		NO OF OUTLETS CAPPED NOT IN USE			
PROBABLE CAUSE OF FIRE OR REMARKS:					

IF AVAILABLE ATTACH ANY FIRE DEPT. REPORTS OR NEWSPAPER ARTICLES ON THE FIRE.

DATE SIGNED _____

SIGNATURE OF PERSON MAKING REPORT _____

P.O. BOX 66209
BATON ROUGE, LA 70896
(504) 925-4895
FAX (504) 925-4898